August 11, 2004

LEGISLATOR'S NAME
ADDRESS
CITY, ST ZIP

Dear **LEGISLATOR'S NAME**:

Do you have Medicaid patients calling your office seeking dentists to provide care to them? Are you at a loss as to what *you* can do to assist in this effort? The member dentists of the Wisconsin Dental Association (WDA) wish to share with you the success story of one state that has had the will to fund the solutions to the dental Medicaid program. Attached is a copy of the American Dental Association's (ADA) news story on the success of the Tennessee dental Medicaid program. The success in Tennessee (TN) can be attributed to the state's willingness to follow two key economic principles: (1) the state pays a fair fee for services provided; and (2) the state contracts with a dental administrator who can run a program efficiently so there are no hassles for individuals who wish to utilize services or for dentists who provide the services.

Over a period of just nineteen months, the state of TN has realized an 80% increase in the number of dentists who participate in the TN dental Medicaid program[1]. Of the dentists currently participating in the program, 86% are seeing NEW Medicaid patients, which is a key to the success of their program.

The Wisconsin Dental Association (WDA) wants to bring this to the attention of state legislators here in Wisconsin because we often hear from legislative offices asking what YOU can do to help fix the dental Medicaid problem. The question is not whether the problem in Wisconsin can be solved, but whether the state will make dentistry a priority and purposefully fund the solutions that have proven effective in numerous other states.[2]

The WDA advocates that the state of Wisconsin fix the dental Medicaid program by taking the following steps:
(1) Fund reimbursement for dental procedures at the 75th percentile of the most recent ADA fee survey for our region of the nation;
(2) Reduce the paperwork hassles of the program by contracting out for a separate dental Medicaid administrator who can operate the program more like a private sector dental insurance plan;
(3) Set up a mechanism to determine the demand for dental care among the dental Medicaid population (How many Medicaid recipients are demanding and in need of

[1] The Tennessee Medicaid program only covers children. The WDA would recommend that the state of Wisconsin continue to cover procedures and improve reimbursement for coverage to both children and adults.
[2] Similar to Tennessee, South Carolina, Georgia, Michigan, and Indiana are states that have realized positive results after sufficiently funding their dental Medicaid programs.

dental treatment?; What type of treatment do they need?; Where are these individuals physically located?) so that the state can focus the limited funds it has in the most efficient manner;
(4) Set up a mechanism to measure the success of the Governor's prevention proposals like fluoride varnish and sealants which may cost upwards of $1.5 million. The purpose of this is to make sure that the state is spending its money wisely and that these programs are leading to a decrease in the demand for comprehensive dental treatment later on.

The WDA realizes that funding the solution to the dental Medicaid program will not be easy. We hope that the legislature will try to find an independent funding mechanism to take on this issue. If, however, you do not find a resource to fund this proposal, you may wish to consider placing a user fee of 2 cents per 12 ounce can of soda ("Two Cents for Tooth Sense") consumed in Wisconsin. The consumption of soda has a negative impact on oral health; there is a legitimate argument for earmarking the soda fee revenues for the related purpose of improving access to dental care under the state's dental Medicaid program. The WDA believes so strongly in educating individuals on the adverse impact of soda consumption that we spend a significant amount of our own financial resources each year to educate Wisconsin's citizens on the oral health message of "Sip All Day, Get Decay". While we encourage you to find the funds to fix the dental Medicaid program from within the current state budget, we would also support an effort to promote the "Two Cents for Tooth Sense" approach if the funds are specifically earmarked for improving oral health of Medicaid recipients.

Yes, there ARE solutions available for fixing the problems impacting the dental Medicaid program in this state. Those solutions will cost money but the state currently spends less than one percent of its entire Medicaid budget on provision of dental Medicaid services[3]. An increase in dental Medicaid funding would still be a drop in the bucket when compared to the entire Medicaid budget. The American Academy of Pediatrics (physicians, not dentists) has documented that 20% of all health care funds spent on children should be spent on improving and maintaining children's oral health[4].

We urge you to consider finding lasting and comprehensive solutions to the current problems. If you wish to meet with me or any of the leaders of the WDA, we will make ourselves available. We can be reached through correspondence with Ms. Mara Brooks or Ms. Sabrina Fox of the WDA Madison office at #250-3442.

Sincerely,

Dennis Engel, DDS
President

[3] The last available DHFS Dental Medicaid Fact Sheet reported that the state spends approximately $36 million on dental Medicaid ($10 million under the HMO system in Racine, Kenosha, Milwaukee and Waukesha counties and another $26 million under the fee for service system that exists in the other 68 counties of Wisconsin). The $36 million spent on dental Medicaid represents less than 1% of the state's $4 billion Medicaid program.
[4] American Academy of Pediatrics. *An Analysis of Costs to Provide Health Care Coverage to the Child and Adolescent Population Age 0-21.* Elk Grove Village, IL: American Academy of Pediatrics; 1998.

ADA NEWS

Posted 05/21/2004

Tennessee winning

Dental Medicaid provider network up 80 percent

By Mark Berthold

Nashville, Tenn. — It's a bold claim, that one state has found a solution to the dental Medicaid quagmire so successful that it may become a model for other states to follow.

But in Tennessee, the dental "carve out" from the TennCare program might be turning out to be just that model. Nineteen months into the program, the dental provider network has grown by 80 percent and more than 600,000 low-income children are receiving comprehensive oral health care.

"It's been a resounding success, the dental carve out in the revamped TennCare program for low-income children in Tennessee," says Dr. Jackson Brown, associate executive director, ADA Health Policy Resources Center.

"The foundation of its success," he adds, "rests on basic economic and business principles: pay a fair fee for services provided and run the program efficiently so using and providing dental services are no longer a hassle. This approach has markedly improved access to dental care among the state's low-income children and dramatically increased participation by Tennessee dentists."

The "carve out" separates dental treatment from other Medicaid services by dedicating funds specifically for oral health care and by using a single benefits manager, insurer Doral Dental of Tennessee. The non-traditional program began Oct. 1, 2002, when a three-year contract took effect between the state's TennCare bureau and Doral, which assumed administration of the entire dental Medicaid portion, including provider networks, claims processing and benefits management.

Dentists who treat TennCare-eligible children are now on a greatly enhanced reimbursement schedule — fees are at the 75th percentile, with significant reductions in administrative concerns. The ADA's Contract Analysis Service has reviewed the provider service agreement offered by Doral; this review is available to dentists by contacting the Tennessee Dental Association.

That dentists can work with a single benefits manager, and no longer have to deal with an assortment of medical managed-care organizations, is a critical reason why the carve out has succeeded, says Dr. Tom Underwood, chair of the TDA TennCare committee.

"Before the carve out, TennCare contracted with 10 managed-care organizations, each one having its own network," he says. "If a dentist wanted to accept TennCare patients, he or she needed separate credentialing for each MCO in their neighborhood."

The carve out also features several incentives for clinicians to enroll, including the freedom to treat any number of TennCare-eligible patients, state-guaranteed reimbursement, prompt payment for submitted claims and a dental advisory committee with regular meetings.

"TennCare's dental advisory board includes dentists in the private sector," says Dr. Underwood. "Dentists have input into the system, and don't feel like they're being ignored, which they sometimes did before."

The carve out also gives dentists the option to discontinue enrollment if the program "is not as announced." But that simply hasn't been the trend during the past 19 months. In fact, precisely the opposite has occurred.

"The dental provider network has grown by more than 80 percent, and there are now approximately 700 participating dentists compared to about 380 before Oct. 1, 2002," says Marilyn Elam of the state's TennCare bureau.

Other progress made, according to Ms. Elam, since the dental carve-out was implemented on Oct. 1, 2002 (up to April 30, 2004), are as follows:

- an estimated 25 percent of all dentists practicing in Tennessee are actively participating in TennCare;
- more than 600,000 children under age 21 are receiving dental care through TennCare;
- 86 percent of participating dentists are actively accepting new TennCare patients into their practices, which indicates additional capacity in the existing dental network to treat TennCare children;
- average distance from an enrollee to a participating dentist is about 4 miles.

Also, according to Ms. Elam, no deficiencies exist or have existed in the dental provider network statewide since implementation of the dental carve-out. This assessment is based on parameters established by the federal Centers for Medicare and Medicaid Services, which oversees Tennessee's non-traditional managed care public health insurance program.

"The TennCare model is an example of how to do things right," says Dr. Eugene Sekiguchi, ADA president. "While other models can also be successful, all successful models must employ the same basic principles found in the TennCare dental carve out. With more programs similar to it, our nation can realize enormous improvements in oral health and access to dental care among our low-income children."

Notes Dr. Underwood, "The most important thing we wanted was for every TennCare child in the state to have access to quality, comprehensive dental care-and this has absolutely happened during the past year-and-a-half."

He adds, "The TDA and local dental societies don't get any more phone calls from desperate parents who can't find a TennCare-accepting dentist for their child. And by having preventive care, we're reducing the total cost of dental care, we're seeing children for regular checkups, cleanings. Hospital emergency room visits for dental problems have just about disappeared. I believe there's no other state in our nation with a better program than we have here in Tennessee."